



STATE OF TENNESSEE
BUREAU OF TENNCARE
DEPARTMENT OF FINANCE AND ADMINISTRATION
310 GREAT CIRCLE ROAD
NASHVILLE, TENNESSEE

To: All TennCare Providers
From: TennCare Pharmacy Program
Date: April 7, 2007
Re: Products that are NOT self-administered

Drugs which can not be self-administered should be billed as a medical benefit to the Managed Care Organization (MCO) by the physician or provider administering the drug. Beginning April 9, 2007 claims submitted on behalf of adult ambulatory TennCare patients for products deemed non-self-administered will return messaging to the pharmacy through the point-of-sale system (POS) indicating that the product will need to be billed as a medical benefit beginning May 1, 2007. On May 1, 2007 these claims will deny and the message returned will be "*Medical Benefit : Provider to Bill MCO*". Drugs given intravenously will be considered non-self-administered by the patient. Absent evidence to the contrary, drugs given by intramuscular injection may be presumed to be non-self-administered by the patient. Additionally, products whose package literature does not list, nor support self-administration will be included in this POS edit.

There are a number of drug products that are administered by the IM or IV rout that, due to established channels of distribution, will not be subject to this edit (see attached list of covered non-self-administrable drugs). There may be instances where an emergency exists, the provider does not have access to the needed drug, or a caregiver has been trained to administer the drug. In these situations, an override may be requested by calling the First Health call center at (866) 434-3524 or fax the request to (866) 434-5523.

Please forward or copy the information in this notice to all providers who may be affected by these processing changes.

<p>Thank you for your valued participation in the TennCare program.</p>
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Non-Self-Administrable Drug List			
Product	CC	Product	C C
ACTIMMUNE®		INFERGEN®	
ADVATE®		INOHEP®	
ALPHANINE SD®		INTRON A®	
ARIXTRA®		KOGENATE FS®	
BEBULIN VH IMMUNO®		LEUKINE®	X
BENEFIX®		LEUPROLIDE ACETATE	
CHLORPROMAZINE HCL		LUPRON®	
D.H.E.45®		METHOTREXATE SODIUM	
DEPO-PROVERA®		MONOCLATE-P®	
FEIBA VH IMMUNO®		NEULASTA®	X
FOLAN®		NEUMEGA®	X
FLUARIX®	X	OCTREOTIDE ACETATE	
FLUPHENAZINE DECANOATE	X	RAPTIVA®	X
FLUVIRIN®		REBIF®	
FLUZONE®		RECOMBINATE®	
FORTEO®		RISPERDAL CONSTA®	
GEODON®		ROFERON-A®	
GLUCAGEN		SANDOSTATIN®	
HALDOL		SOMAVERT®	
HALDOL DECANOATE 100®		SYMLIN®	
HALDOL DECANOATE 50®		SYNAGIS®	X
HELIXATE FS®		TEV-TROPIN®	X
HEMOFIL M®		XOLAIR®	X
HUMATE-P®		ZOLADEX®	X
IMITREX®		ZYPREXA®	

CC indicates
that clinical
criteria must be
met prior to
dispensing